

# 2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P98000000741

1. Entity Name

THE CRYSTAL HARBOR CO.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT -9 PH 3:38

Principal Place of Business  
2581 N. W. Hwy. 19  
CRYSTAL RIVER FL  
34429

Mailing Address  
2581 N. W. Hwy. 19  
CRYSTAL RIVER FL  
34429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3483748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHN ALVENUS  
10445 SEA COURT WEST  
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name NANNETTE J. ELSON

Street Address (P.O. Box Number is Not Acceptable)

10445 W. SEA COURT

City CRYSTAL RIVER

FL

Zip Code

34429

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVST ☒ Delete  
NAME JOHN ALVENUS  
STREET ADDRESS 10445 SEA CT. W.  
CITY-ST-ZIP CRYSTAL RIVER FL 32629

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Change ☒ Addition  
NAME NANNETTE J. ELSON  
STREET ADDRESS 10445 W. SEA COURT  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500004649975--7  
CITY-ST-ZIP -10/23/01--01049--017

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANNETTE J. ELSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-01

Date

Signature

CR2E034 (11/00)